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## TRANSMITTAL FORM

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**Total Number of Pages in This Submission**

3

Application Number	09/626,535
Filing Date	07-27-2000
First Named Inventor	Donald F. Hooper
Art Unit	2455
Examiner Name	David Y. Eng
Attorney Docket Number	P7876X

ENCLOSURES (Check all that apply)				
<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): return postcard		
<table border="1"> <tr> <td>Remarks</td> </tr> <tr> <td>Applicant includes authorization to charge Deposit Account 50-0221 in the amount of \$540.00. The Commissioner is also given authorization to charge any underpayments or credit any overpayment to Deposit Account No. 50-0221.</td> </tr> </table> Customer No:59796			Remarks	Applicant includes authorization to charge Deposit Account 50-0221 in the amount of \$540.00. The Commissioner is also given authorization to charge any underpayments or credit any overpayment to Deposit Account No. 50-0221.
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name			
Signature	/Robert A. Greenberg/		
Printed name	Robert A. Greenberg		
Date	2/12/2010	Reg. No.	44,133

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: \_\_\_\_\_

Signature	/Christine Hartness/		
Typed or printed name	Christine Hartness	Date	February 12, 2010

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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